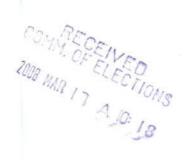


Campaign Finance Section Financial Reports



Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

| Full Organization Name | : CORRE | ECTIONAL Off | Association | COMON SOF DO AWARE | |
|-------------------------|-----------------------|----------------------------|-------------|---|--|
| Account Number: | | 9 | Date of t | his Report: 3-13-08 | |
| REPORTING PERIOD | : FROM: | 10-31-06 | TO: | 12-31-06 | |
| Check the box that appl | ies to this report: | | | | |
| Primary Election | □ 8-DAY | ☐ 30-DAY | | Office: | |
| General Election | □ 8-DAY | □ 30-DAY | | | |
| Other Election | □ 8-DAY | □ 30-DAY | | | |
| Special Election | □ 8-DAY | □ 30-DAY | | | |
| Year End Report | Completed . | Activities (Terminate) | | Temination Date: | |
| regulations regarding C | ampaign Finance and t | he election process in the | he State o | curate and correct. I agree to abide of Delaware. I understand that represention provided on this report. | |
| TREASURER SIGNATURE | 0 | | | DATE | |
| | | | | | |
| CANDIDATE SIGNATURE | | | | DATE | |
| | | | | | |

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STATEMENT OF ACCOUNT BALANCE

| AC | CCOUNT #: | REPORTING PERIOD: /6- | -31-66 12-31-66 OM TO |
|----|-------------------------|---|--------------------------|
| 1. | BEGINNING (Close Out | G BALANCE Balance from last reporting period) | 2198.00 |
| 2. | RECEIPTS: | | |
| | A. | SCHEDULE A – TOTAL RECEIPTS | 535.70 |
| | В. | SCHEDULE C-1 – TOTAL IN-KIND (NON CASH) RECEIPTS | -0- |
| | C. | SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED | 0 |
| | D. | SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES RECEIVED | |
| | E. SUBT | TOTAL (Total of A, B, C, D) | 535,70 |
| 3. | EXPENDITU | JRES: | |
| | F. | SCHEDULE B – TOTAL EXPENDITURES | 0 |
| | G. | SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIPTS USI | (D) |
| | н. | SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING | |
| | I. | SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID | O |
| | J. SUB | TOTAL (Total of F, G, H, I) | O |
| 4. | ENDING BA | LANCE Balance plus 2E, minus 3J) | 2733.70 |
| 5. | NON-CASH | ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F) | |
| 6. | DISPOSITIO | N OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedule G) | 0 |
| 7. | LOANS AT E | ND OF PERIOD (Loan Balance from Schedule D-2) | |
| 8. | CLOSE OUT | BALANCE (Must equal zero if Committee closed) | 2733.70 |



SCHEDULE A - TOTAL RECEIPTS

| ACCT #: | | | REPORTING PERIOD: 10-31 | 1-06 16 FROM | 2-31-06 TO | | | | | | | |
|--|----------------------------|--|--|-----------------|---------------|--|--|--|--|--|--|--|
| Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. RECEIPTS IN EXCESS OF \$100: | | | | | | | | | | | | |
| Date | Contrib | Contributor | Contributor | Aggregate | Amount | | | | | | | |
| Received | Туре | Name | Mailing Address | Amount | Received | | | | | | | |
| 11-14-08 | AC | Possectional Offices of Delaware | 655 S. Bay ld Su He 4KK Dover DE 19901 | 132,40 | 132,40 | | | | | | | |
| 11-28-08 | 05 | Correctional Officer at Delaware | 6555 Baykd Suite 4KK Wover DE 19901 | 135.10 | 135,10 | | | | | | | |
| 12-13-06 | 25 | Parce hada Offices of Oblance | 1655 S. Bolyled Style LIKE JANUAR DE 19901 | 134.00 | 134.00 | | | | | | | |
| 12-28-66 | 05 | Correctional Officers of Delauxe | 6555 Bryld Sinte Yrk Down DE 19901 | 134,20 | 134.20 | | | | | | | |
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| TOTAL RE | CEIPTS IN | EXCESS OF \$100 | | | 53570 | | | | | | | |
| | 72-1-7-RENCO-11-RADIO-5-01 | energia de la regiona de la composição d | | | 2021 | | | | | | | |
| TOTAL RE | CEIPTS N | OT IN EXCESS OF \$100 | | | 0 | | | | | | | |
| | | | | | | | | | | | | |

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

GRAND TOTAL RECEIPTS